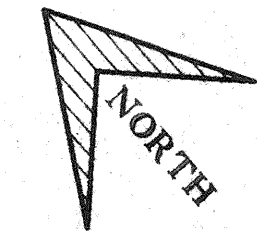


LOCATION MAP

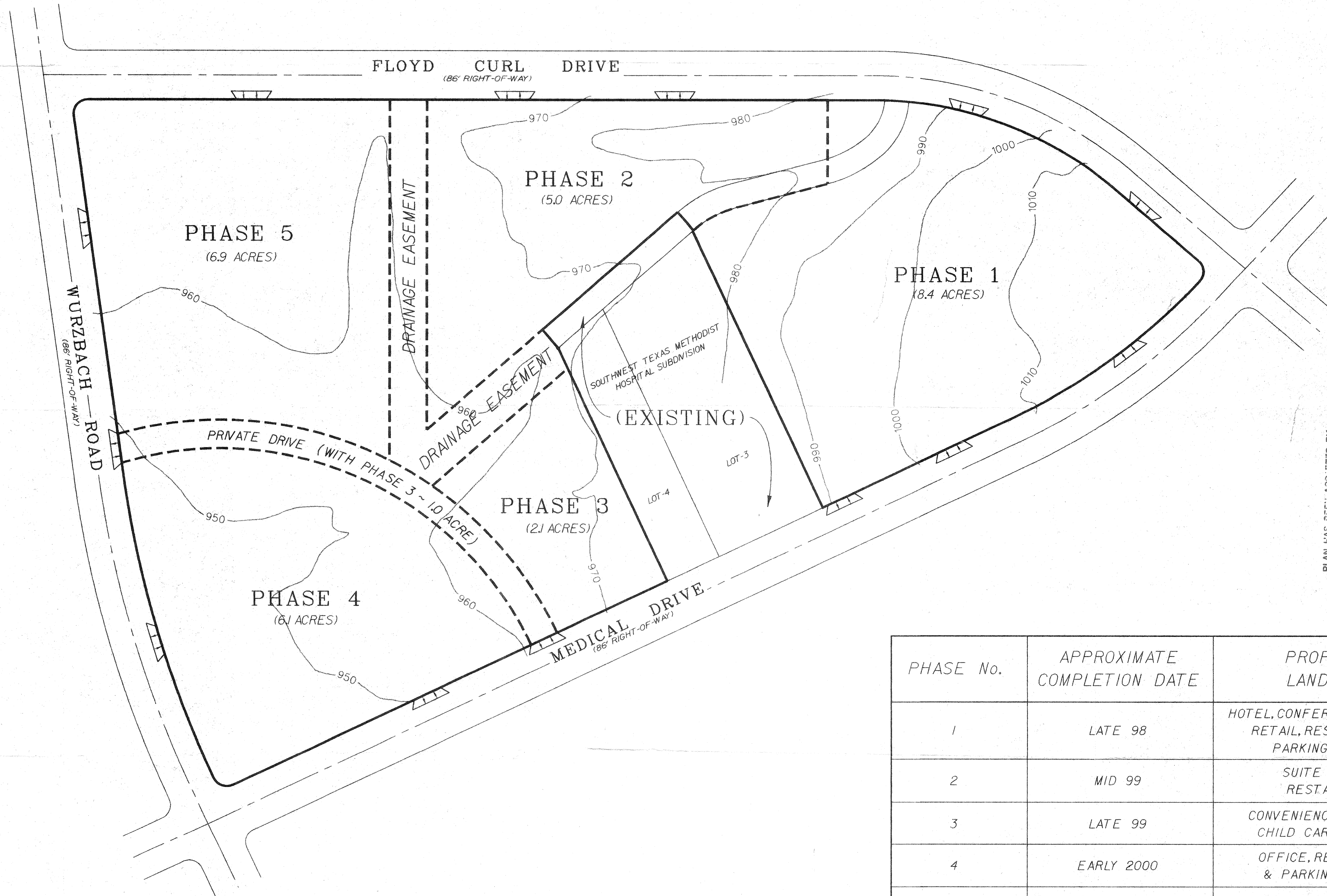
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LAND DEVELOPMENT
SERVICES DIVISION



SCALE: 1" = 100'

LEGEND

PROPOSED CONCRETE APRON

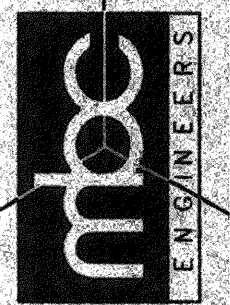


PLAN HAS BEEN ACCEPTED BY
COSA
Oct 14, 1997 585 (date) (number)
If no plats are filed, plan will
expire on April 18, 1999
1st plat filed on _____

PHASE No.	APPROXIMATE COMPLETION DATE	PROPOSED LAND USE
1	LATE 98	HOTEL, CONFERENCE CENTER, RETAIL, RESTAURANT & PARKING GARAGE
2	MID 99	SUITE HOTEL, RESTAURANT
3	LATE 99	CONVENIENCE RETAIL & CHILD CARE CENTER
4	EARLY 2000	OFFICE, RESTAURANT & PARKING GARAGE
5	LATE 2000	MIXED RETAIL

DEVELOPER:
METHODIST HEALTHCARE MINISTRIES
4507 MEDICAL DRIVE
SAN ANTONIO, TEXAS 78229

MAGINA • BOSE • COPELAND & ASSOC., INC.
CONSULTING ENGINEERS AND LAND SURVEYORS
415 Breeseport Drive, San Antonio, Texas 78216
(210) 349-051 Fax (210) 349-9302



P. O. A. D. P.
METHODIST HEALTHCARE

REVISIONS:	DATE	NO.	DESCRIPTION	BY
DESIGN			RAC	
DRAWN			DAG/FGG	
CHECKED				
DATE			08-25-97	
JOB NO.			26658	
SHT.			1 OF 1	

585



City of San Antonio
Planning Department
Subdivision Section

POADP APPLICATION

The platting of property in two or more subdivision units requires the submission of a Preliminary Overall Development Plan, POADP. To be accepted for review a POADP shall comply with the provisions of ARTICLE II, Division 2 Preliminary Overall Development Plans of the San Antonio Unified Development Code and must be certified to contain the following:

Date Submitted: August 28, 1997

Name of POADP: METHODIST HEALTHCARE

Owners: Methodist Healthcare Ministries

Consulting Firm: MACINA • BOSE • COPELAND
AND ASSOCIATES, INC.

Address: 4507 Medical Drive
San Antonio, Texas 78229

Address: 415 Breesport Drive
San Antonio, Texas 78216

Phone: (210) 692-0418

Phone: (210) 349-0151

Existing zoning: N/A

Proposed zoning: N/A

Texas State Plane Coordinates: X: 135,650 Y: 609,520

Site is over/within/includes: San Antonio City Limits?
Edwards Aquifer Recharge Zone:
Projected # of Phases: 5

☒ Yes ☐ No

☐ Yes ☒ No

☒ Yes ☐ No

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AND DEVELOPMENT
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Land area being platted:

Lots

Acres

Single Family (SF) N/A

N/A

Multi-family (MF) N/A

N/A

Commercial and non-residential 5

28.5 29.5

Is there a previous POADP for this Site? Name No

No.

Is there a corresponding PUD for this site? Name No

No.

Plats associated with this POADP or site? Name Southwest Texas

No. 970114

Methodist Hospital Subdivision

Name

No.

Name

No.

Contact Person and authorized representative:

Print Name: JOSE L. CARMONA

Signature: Jose L. Carmona

Date: August 28, 1997

Phone: (210) 349-0151

Fax: (210) 349-9302

- ☒ name of the POADP and the subdivision;
- ☒ indication of development phases on the POADP;
- ☒ perimeter property lines of the POADP (in a line weight and character distinguishable from other lines);
- ☒ north arrow and scale of the map;
- ☒ proposed land use by location, type and acreage;
- ☒ delineation of the circulation system including all collectors, arterial, and local type "B" streets;
- ☒ contour lines at intervals no greater than ten (10) feet;
- ☒ legal recorded ownership of adjacent properties and if known proposed development of adjacent unimproved properties;
- ☒ existing adjacent or perimeter streets;
- ☒ one hundred year flood plain limits; (N/A)
- ☒ location map indicating location and distance of the POADP to adjacent streets and at least two (2) major thoroughfares.
- ☒ a complete application and certification with six copies of the POADP map, all maps to be folded (accordion style & manageable size);
- ☒ POADP amendments or revisions must be graphically indicated and include a concise statement describing said amendment or revision on the POADP map;
- ☒ TIA requirements must be met prior to acceptance of a POADP, contact Amer Galani @ (210)207-2076;
- ☒ the POADP ☐ does ☒ does not abut State Highway Department facilities and one additional copy of the POADP plan has been submitted directly to TXDOT for their review. Contact Judy Friesenhahn @ (210) 615-5814;
- ☒ The POADP ☐ is ☒ is not located over the Edwards Aquifer recharge zone and one additional copy of the POADP has been submitted directly to the Aquifer Studies office of San Antonio Water Systems, contact Kirk Nixon (210) 704-7392;

I certify that the POADP application and accompanying maps are complete and that the conditions listed on this application have been met.

Certifying Representative:

Print Name: JOSE L. CARMONA

Signature: 

If you have any questions please call Elizabeth Carol at 207-7900

APPLICATION REVISED MARCH 17, 1997



CITY OF SAN ANTONIO

October 17, 1997

Joe L. Carmona
MBC & Assoc.
415 Breesport Drive
San Antonio, TX 78216

Re: Methodist Healthcare

POADP # 585

Dear Mr. Carmona:

The City Staff Development Review Committee has reviewed Methodist Healthcare Subdivision Preliminary Overall Area Development Plan # 585. Please find enclosed a signed copy for your files. Although your plan was accepted, please note the following:

- Based on the topography, a Flood Plain Study and drainage review will probably be required during the platting process.
- This development will need to comply with tree preservation ordinance #85262. For additional information about these requirements you can contact Building Inspections at 207-7102.

Please note that this action by the committee does not establish any commitment for the provision of utilities, services or zoning of any type now or in the future by the City of San Antonio. If the proposed development is not platted in phases this POADP will be invalid. Platting will have to comply with the UDC.

If you have any questions or comments regarding this matter, please contact Ms. Elizabeth Carol, at (210) 207-7900.

Sincerely,

A handwritten signature in cursive script, likely belonging to Emil R. Moncivais.

Emil R. Moncivais AIA, AICP
Director of Planning

EM/EAC

cc: Andrew J. Ballard, P. E., Acting City Engineer



City of San Antonio
Planning Department
Subdivision Section

REQUEST FOR REVIEW

TO: Burt Rubio, Senior Engineer Technician; Public Works Date 9.1.97

FROM: Elizabeth Carol, Planner II; Planning Department

ITEM NAME: Methodist Healthcare FILE # NONE

RE: POADP

SUBJECT: The attached item has been submitted to you for a recommendation to the Planning Commission or Director. Please review the item and forward your recommendation to the **Department of Planning, Land Development Services Division, Subdivision Section**. All responses shall be returned as soon as possible, but generally no later than the date shown below. Response time will commence from the date of receipt of this request or receipt of all the items your agency requires for this review. "Days" represent work days.

Please Return By: _____, 19____

- ☐ Proposed plat-30 days ☐ Variance-15 days * POADP's-10 days
☐ Plat deferral-30 days ☐ Plan / legal doc-15 days ☐ Other-15 days

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& LAND DEVELOPMENT
SERVICES DIVISION

☒ I recommend approval

☐ I do not recommend approval

On _____, I notified _____, the engineer/
subdivider/agent, of the corrections needed to remove this objection. Tel # _____

Comments: Drainage Easements will be require
and will be address during the platting
process.

Burt Rubio RJS

Signature

Sr. Eng Tech

Title

9-2-97

Date

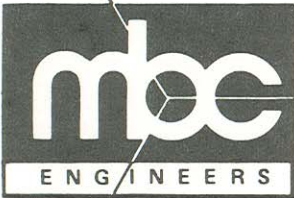
MACINA • BOSE • COPELAND and ASSOCIATES, INC
CONSULTING ENGINEERS AND LAND SURVEYORS415 Breesport Drive, San Antonio, Texas 78216
(210) 349-0151 FAX (210) 349-9302

F A X M E M O R A N D U M

DATE: 10-3-97 PAGES: 1
TO: ELIZABETH
PLANNING
FAX #: 207-4441
FROM: DAVE ALLEN JOB NO.: 26658
SUBJECT: TOWN CENTER ROAD
Methodist Hospital

ALTHOUGH I NEVER RECEIVED A
LETTER FROM PLANNING ON THIS,
I UNDERSTAND WE NEED TO
SHOW CURB CUTS (WE'RE
ADDING THEM NOW). THE TIA
WAS DONE BY BARTON-ASCHMAN
& ASSOC. (APRIL '97) & WAS
APPROVED BY TRAFFIC ENG. IN
ASSOCIATION W/ ZONING CASE
Z 97154.

COPY TO: _____



MACINA • BOSE • COPELAND and ASSOCIATES, INC
CONSULTING ENGINEERS AND LAND SURVEYORS

415 Breesport Drive, San Antonio, Texas 78216
(210) 349-0151 FAX (210) 349-9302

TO Planning Dept.

Proj. No. 26658 Date 10/15/97

Re: Methodist

Attn: Elizabeth

GENTLEMEN:

WE ARE SENDING YOU

☐ Shop drawings

☐ Copy of letter

☒ Attached

☒ Prints

☐ Change Order

☐ Under separate cover via _____ the following items.

☐ Plans

☐ Samples

☐ Specifications

COPIES	DATE	NO.	DESCRIPTION
6			Methodist Healthcare - POADP

THESE ARE TRANSMITTED as checked below:

☐ For your approval

☒ For your use

☐ As requested

☐ For review and comment

☐ FOR BIDS DUE _____ 19 ____

☐ Approved as submitted

☐ Approved as noted

☐ Returned for corrections

☐

☐ Resubmit _____ copies for approval

☐ Submit _____ copies for distribution

☐ Return _____ corrected prints

☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS:

Elizabeth - The TIA was approved for "Town Center Development" & I faxed a note to Amer on 10.13.97 confirming this. We would greatly appreciate the approval of this POADP in the next day or two. I'll be out, but you can contact Joe Carmona if you have any questions.

COPY TO _____

SIGNED

David L. Allen